

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/520789

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		0				
6		0				
7	1					
8		1				
9		2				
10		0				
11		0				
12		0				
13	1					
14	1					
15	1					
16	1					
17	1					
18		1				
19		2				
20		0				
21		0				
22		0				
23		0				
24		0				
25	1					
26	1					
27	1					
28		0				
29	1					
30		1				
31						
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48						
49						
50						
TOTAL IND.	11	↓	1	↓		↓
TOTAL DEP.	23	←	0	←		←
TOTAL CLAIMS	34		1			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						